

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017550

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4427

STATE FILE NUMBER

FILED MAY 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

5/24/63

5/24/63

Baptismal Record dated 5/25/1887  
DOCUMENT Evangelical Reformed Salem, Cincinnati

Ohio

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. CITY OR TOWN c. STREET ADDRESS	
ST. LOUIS		MISSOURI COUNTY ST. LOUIS	
DEACONESS HOSPITAL		KIRKWOOD	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
KATIE S. DE RUITER		APRIL 21 1963	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
FEMALE	WHITE		4/28/1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
housewife		NONE	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
HENRY J. BECHEL		ELIZABETH DROEGE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT	
NO		915 BLUEBONNET CT. KIRKWOOD	
18. CAUSE OF DEATH (Enter only one cause per line for top, middle, and bottom) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) DUE TO (c)		12. CITIZEN OF WHAT COUNTRY USA	
Cerebral Hemorrhage		LEONARD O. DE RUITER 22, MO.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 1962 to time of death and last saw her alive on 21 April 63 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Joseph R. Conrad M.D.	
22b. ADDRESS 325 N. Kirkwood Rd. Kirkwood Mo.		22c. DATE SIGNED 22 April 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4/22/63	
23c. NAME OF CEMETERY OR CREMATORY VINESTREET HILL CEMETERY		23d. LOCATION (City, town, or county) CINN. OHIO	
24. FUNERAL DIRECTOR PFITZINGER MORT. KIRKWOOD, MO.		25. DATE RECD. BY LOCAL REG. APR 22 1963	
26. REGULAR'S SIGNATURE Earl Smith, M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

4-28-1873

89

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.